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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3738/Examiner: Paul
Prebilic

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 09/593,591

Gary K. Michelson

Filed: June 13, 2000

MANUFACTURED MAJOR LONG BONE RING

IMPLANT SHAPED TO CONFORM TO A

PREPARED INVERTEBRAL

IMPLANTATION SPACE

Attorney Docket No. 101.0078-00000

Customer No. 22882

Confirmation No.: 5619

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 39

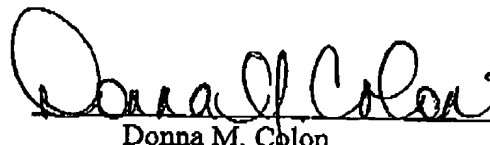
Date: November 10, 2006

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Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; the total amount of \$1,020.00 to cover the three-month extension fee is to be charged to Deposit Account No. 50-3726), and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on November 10, 2006.



Donna M. Colon

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FORM PTO-1083

Attorney Docket No.: 101.0078-00000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 09/593,591

Filed: June 13, 2000

For: MANUFACTURED MAJOR LONG BONE
RING IMPLANT SHAPED TO CONFORM TO
A PREPARED INVERTEBRAL
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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated June 7, 2006, in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	244	-	264	0	LG=\$50 SM=\$25	\$25	\$ 0
INDEPENDENT CLAIMS FEE	9	-	9	0	LG=\$200 SM=\$100	\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$1020.00 to cover the three-month extension of time fee is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: November 10, 2006

By:

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Transmittal Form